

FILED

JAN 27 2022

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY DEPUTY CLERK

Name: Paul Thomas AZ22563  
 CDC No: AZ22563  
 Address: P.O. BOX 4610  
Lancaster, Ca. 93539

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIAPaul Thomas

Plaintiff/Petitioner,

v.

L.T., SGT, et al

Defendants/Respondent.

CASE NUMBER:

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

2:22-CV-0177-EFBPC

I, Paul Thomas, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "no" DO NOT USE THIS FORM)

State the place of your incarceration. Lancaster Prison

2. Are you currently employed (includes prison employment)?  Yes  No

a. If the answer is "yes" state the amount of your pay. \_\_\_\_\_

3. Have you received any money from the following sources over the last twelve months?

- |  |                              |  |
|--|------------------------------|--|
| a. Business, profession, or other self-employment: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends:           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments:    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Re Gifts or inheritances:                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources:                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "yes," describe by that item each source of money, state the amount received, as well as what you expect you will continue to receive (attach an additional sheet if necessary).

4. Do you have cash (includes balance of checking or savings accounts)?  Yes  No

If "yes" state the total amount: \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  Yes  No

If "yes" describe the property and state its value: \_\_\_\_\_

6. Do you have any other assets?  Yes  No

If "yes," list the asset(s) and state the value of each asset listed: \_\_\_\_\_

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.  
\_\_\_\_\_  
\_\_\_\_\_

**This form must be dated and signed below for the court to consider your application.**

I hereby authorize the agency having custody of me to provide a certified copy of my trust account statement for activity covering the last six months to the Court. Additionally, once eligibility is established, I further authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

1-11-2022

DATE



SIGNATURE OF APPLICANT

Applicant's CDCR Number (Mandatory for CDCR Applicants): \_\_\_\_\_

**CERTIFICATION BELOW IS TO BE COMPLETED BY**  
**NON-CDCR INCARCERATED PRISONERS ONLY**

**CERTIFICATE**

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at \_\_\_\_\_ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ \_\_\_\_\_. I further certify that during the past six months the average monthly deposits to the applicants account was \$ \_\_\_\_\_.  
(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER

# Excuse Request

Paul Thomas A22563  
C-5 #121

Please fill out my  
Certificate and attach a 6-month  
printout of my Past balances so I  
can initiate my 1983 to the Federal Carts.  
Thank you very much.

Sincerely, Mr. Paul Thomas A22563

→ Please see attached memo. Please see  
law librarians for assistance.

## TRUST ACCOUNT WITHDRAWAL ORDER

Date 1-11-2022

To: Warden Approved \_\_\_\_\_

I hereby request that my Trust Account be charged \$ 20<sup>4</sup> for the purpose stated below and authorize the withdrawal of that sum from my account:

AZ-2563  
NUMBER

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).

PURPOSE Trust Balance

Paul Thomas

NAME (Signature please, DO NOT PRINT)

PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

NAME PAUL THOMAS #AZ-2563

ADDRESS CSP-LAC  
P.O. BOX 4610  
LANCASTER, CA  
93539

PRINT YOUR FULL NAME HERE

# Memorandum

Date : 1/14/22

To : Paul Thomas

Subject: **INFORMA PAUPERIS OR REQUEST FOR SIX MONTH CERTIFIED STATEMENT**

The purpose of this memorandum is to advise you of the Trust Office procedure to request Informa Pauperis or Request for a Six Month Certified Statement.

The Trust Office will not send certified copies of Trust Account Statements to inmates.

Please be advised that in order to complete your request, you must provide the Trust Office with the following:

- Complete paperwork for Informa Pauperis or Request for Six Month Certified Statement.
- Three envelopes
  1. One sealed envelope containing your completed legal documents.
  2. One Self-addressed envelope (required by the court).
  3. One unsealed envelope addressed to the court with your request for Informa Pauperis (must be large enough to contain the envelope with your legal documents, the request for six month certified statement and the self-addressed stamped envelope).
- A Trust Account Withdrawal Order (CDC 193) for Legal Postage, if needed.

Please forward these items to the Trust Office for processing. Once received, the items above will be processed and forwarded to the appropriate court. The Trust Office is allowed 10 working days to process your request. If you would like to be notified of the date your request was processed, please include an Inmate Request for Interview (GA-22).

Per Departmental Operations Manual (DOM) 101120 Library and Law Library Supplement, when an inmate wishes to file an INITIAL CIVIL RIGHTS ACT, 42 U.S.C. § 1983 complaint to the United States District Court, Central District of California, they will report to their respective facility's library and make the request through the Librarian for filing via the scanning program.

If you have any questions, please contact the Trust Office via institutional mail, or your Correctional Counselor.

*Please see law librarian for assistance*